Food Establishment Permit Application

Application must be submitted at least 30 days before the planned opening date

With the permit review fee of \$150.00

1) Establishment Name:									
2) Establishment Address:									
3) Establishment Mailing Ad	ddress (if differe	ent):							
4) Establishment Telephone No:									
5) Applicant Name & Title:									
6) Applicant Address:	6) Applicant Address:								
7) Applicant Telephone No:		24 Hour Emergency No:							
8) Owner Name & Title (if di	ifferent from app	olicant):							
9) Owner Address (if differe	nt from applican	nt):							
 10) Establishment Owned By An association A corporation An individual A partnership Other legal entity 	/: 	11) If a corporation or partnership, give name, title, and home address of officers or partner. Name Title Home Address							
	sible For Daily Op	perations (Owner, Person in Charge, Supervisor, Manager etc.)							
Name & Title:									
Address:									
Telephone No:		Fax:							
Emergency Telephone No:									
13) District Or Regional Supe	ervisor (if applica	able)							
Name & Title:									
Address:									
Telephone No:		Fav							

Food Establishment Information

14) Water Source:		15) Sewage disposal:					
DEP Public Water Supply No: (if	applicable)						
16) Days and Hours of Operation	n:	17) No. of Food Employees:					
I	ertified in Food Protection Management: dance with 105 CMR 590.003 (A) Please attach copy of certificate						
19) Person Trained In Anti-Choki	ng Procedures {if 25 seats or more): □ Yes	□No					
20) Location:(check one) □ Permanent Structure □ Mobile	22) Establishment Type (check all that apple Retail (Sq. Ft) Food Service – (Seats) Food Service - Takeout Food Service - Institution Meals/Day)	y) Caterer Food Delivery Residential Kitchenfor Retail Sale Residential Kitchen for Bed and Breakfast Home Residential Kitchen for Bed and Breakfast					
21) Length Of Permit: (check one)		Establishments — Frozen Dessert Manufacturer					
□ Annual □ Seasonal/Dates: □ Temporary/Dates/Time:	Other (Describe)						
23) Food Operations: Definit	Non-PHFs - non-potentially hazardous for	mperature controls required) ood (no time/temperature controls required) s, salads, muffins which need no further processing)					
(check all that apply): 0 Sale of Commercially Pre-	0 PHF Cooked To Order	0 Hot PHF Cooked and Cooled or Hot Held					
Packaged Non-PHFs		for More Than a Single Meal Service.					
Sale of Commercially Pre- Packaged PHFs	 Preparation Of PHFs For Hot And Cold Holding For Single Meal Service. 	PHF and RTE Foods Prepared For Highly Susceptible Population Facility					
Delivery of Packaged PHFs	 Sale Of Raw Animal Foods Intended to be Prepared by Consumer. 	Vacuum Packaging/Cook Chill					
Reheating of Commercially Processed Foods For Service Within 4 Hours.	O Customer Self-Service	Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)					
Customer Self-Service Of Non- PHF and Non-Perishable Foods Only.	Ice Manufactured and Packaged for Retail Sale	Offers Raw Or Undercooked Food Of Animal Origin.					
0 Preparation Of Non-PHFs	Juice Manufactured and Packaged for Retail Sale	Prepares Food/Single Meals for Catered Events or Institutional Food Service					
0 Other (Describe)	O Offers RTE PHF in Bulk Quantities	To be completed by the Board of Health					
	Retail Sale of Salvage, Out-of Date or Reconditioned Food	Total Permit Fee: Paymentsdue with application:					
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how-to obtain copies of 105 CMR 590.000 and the federal Food Code. 24) Signature of Applicant: Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief,							
	or Federal ID:						

Trease encrose the following documents.
Proposed Menu
Specification sheets for each piece of equipment
Site plan showing location of business in building, location of building on site including alleys, and streets, location of any outside facility (dumpsters, walkins)
Plan drawn to scale of facility showing location of equipment, plumbing and electrical

Please make sure the following information is available on the plans or attached on additional documents:

- Details of lighting location, type and type of shielding or protection.
- Details of ventilation mechanical or natural, CFM.
- Location and size of all grease traps.

Place anclose the following documents:

- Location of employee and/or patron restrooms including lavatories, water closets and urinals.
- Location of employee dressing rooms and/or lockers.
- Note that ceiling, walls and floors must be suitably finished to facilitate cleaning. All stud, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing.



BOARD OF HEALTH

NANTUCKET, MASSACHUSETTS

508-228-7200

APPLICATION AND REVIEW OF FOOD ESTABLISHMENT PLANS AND SPECIFICATIONS

The State Sanitary Code (105 CMR 590.058) requires the submission of properly prepared plans for review and approval of all new construction, extensive remodeling or conversion of an existing structure for use as a food establishment, before such work begins. The purpose of the review and approval prior to construction is:

- 1. To insure compliance with the State Sanitary Code requirements.
- 2. To prevent misunderstanding by the operator as to what is required; and
- 3. To prevent errors which may result in additional cost to the operator

A poor plan review or starting construction before the health department has reviewed the proposed establishment's plans could potentially result in sanitation problems after food service operations have begun. It could also delay an establishment's opening as permits cannot be issued to establishments that do not comply with the minimum Standards of the State Sanitary Code.

Since no two operations are exactly alike, each proposed establishment will be based on its own merits; and decisions as to approval or disapproval will be based on the specific operation involved. When reviewing a plan, facts peculiar to a particular establishment will be considered regarding space needs, location, type of operation, frequency of deliveries of supplies, kinds of foods used (fresh, frozen, canned etc.), and completeness of processing done (meat cutting, preportioned cuts, etc.). These factors may cause considerable variation in the space requirements for production and storage and will be determined from the operator prior to reviewing the plans.

After review of plans a meeting will be held with the applicant regarding approval or disapproval of the plans. This will address what revisions, if any, are needed or when a pre-operational inspection should be arranged. At this time Department policies and procedures applicable to Food Service Establishments will be reviewed.

A. Finish Schedule

Please fill in materials to be used (i.e. quarry tile, stainless steel, 4" plastic covered molding, etc.)

	<u>Floor</u>	Coving	Walls		Ceiling
Kitchen					
Ware washin	าซ				
wasiii	<u>''5</u>				
Food Stora	ge				
Other Stora	ge				
Bathrooms					
Dressing Roo	ms				
	and Rodent Harboras	_			
Please c	heck appropriate boxe	S.	YES	NO	NA
1. Are all o	utside doors self-closi	ng with			
rodent p	roof flashing?		()	()	()
2. Are scree	en doors provided on	outside			
doors fo	r use in summer?		()	()	()
3. Do all op	erable windows have	a minimum			
#16 mes	h screening?		()	()	()
-	ipes, electrical conduit				
	on systems exhaust an		()	()	()
	ound building clear of				
	tter, boxes or other ha	rborage?	()	()	()
	urtains used?		()	()	()
	If ves_where?				

C. Garbage and Refuse

Inside									
				Y	ES	N	0	N	A
7. Do all containers have lids?				()	()	()
8. Will refuse be stored inside?				()	()	()
If yes, where?									
9. Is there a can cleaning sink or a	ırea?			()	()	()
Outside									
10. Will a dumpster be used?				()	()	()
Number	Size								
Frequency of pick up									
Contractor									
11. Will a compactor be used?				()	()	()
Number	Size								
Frequency of pick up									
Contractor									
12. Will cans be stored outside?				()	()	()
13. Describe surface where dumps	ster/comp	pactor/ca	ins are						
to be stored									
D. Plumbing									
Please describe back-siphonage pro	otection of	of the fol	llowing:						
	Air	Air	Check			"P"		Vacı	Jum
	Gap	Break	Valve			Trap)	Brea	ker
14Water Closets	()	()	()			()	()
15. Urinals	()	()	()			()	()
16. Dishwasher	, ,								
17. Garbage Grinder	()	()	()			()	()
	()	()	()			())	()
18. Ice Machines	()	()	() () ()			(()))	(
18. Ice Machines19. Ice Storage Bin	()	()	()			(()))	()
	() () () ()	()	()			((())))	(()
19. Ice Storage Bin	()	()	()			(((((((((((((((((((()))))	(((()
19. Ice Storage Bin20. Sinks	()	()	()			(((((((((((((((((((()))))	(((((((((((((((((((()
19. Ice Storage Bin20. Sinks21. Steam Tables	()	()	()			(((((((((((((((((((())))))	(((((((((((((((((((()
19. Ice Storage Bin20. Sinks21. Steam Tables22. Dipper Wells	()	()	()			(((((((((((((((((((())))))	(((((((((((((((((((()
19. Ice Storage Bin20. Sinks21. Steam Tables22. Dipper Wells23. Refrigerators	()	()	()			(((((((((((((((((((())))))))	(((((((((((((((((((()
19. Ice Storage Bin20. Sinks21. Steam Tables22. Dipper Wells23. Refrigerators24. Hose Connection	()	()	()			(((((((((((((((((((()))))))))

	Describe soap dispensers (wall mounted, individual free standing pump dispenspers, and number
28. l	Hand drying facilities (paper towels, air blower, etc.)
29.	Describe waste receptacles in each restroom:
—— Е. <u>У</u>	Vater Supply
30.]	Is water supply public () or private ()?
31. 1	If private, has source been approved? YES () NO () PENDING () Please attach copy of written approval.
32.]	Is ice made on premises () or purchased commercially ()? If on premises, enclose specification of machine. Describe provision for ice scoop storage:
F. <u>S</u>	ewage Disposal
33. I	s building connected to municipal sewer? YES () NO ()
34. I	f no, has private disposal system been approved? Please attach copy of written approval. YES () NO () PENDING ()
G. <u>D</u>	Pressing Rooms
35. A	Are separate dressing rooms provided? YES () NO ()
	escribe storage facilities for employees' personal belongings (i.e., purse, coats, pots, umbrella, etc.)
_	

H.	Genera	1

37.	Describe facilities for separation of storage of insecticides/rodenticides and detergents/sanitizers/cleaning agents/caustics/acids/polishes and first-aid supplies/personal medications
38.	Is laundry facility located on premises? YES () NO () If yes, what will be laundered?
	Is location physically separated from food preparation areas and ware washing? YES () NO ()
39.	Location of clean linen storage:
40.	Location of dirty linen storage:
	Odor Supp.Dvce/ Fire Air Capacity od Locations Filters Sq. Ft. Protection CFM
I. S	Sinks
41.	Is a separate mop sink present? YES () NO () If no, describe facility for cleaning of mops and other equipment:
42.	Is a separate floor preparation sink present? YES () NO ()
43.	Is a separate hand washing sink present in the food preparation areas? YES () NO ()

J. <u>Dishwashing Facilities</u>
44. Will sinks or a dishwasher be used for ware washing? Dishwasher () Three Compartment Sink ()
45. Dishwasher Type of sanitization used: Hot Water (temp, provided) Booster heater Chemical Type
Sinks 46. Does the largest pot and pan fit in each compartment? YES () NO ()
47. Are there drain boards on both ends? YES () NO ()
48. What type of sanitizer will be used in sinks? Chlorine Iodine Quaternary Ammonium Hot Water (Please make certain the corresponding test kits are available at the preopening inspection,
STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval
Signature(s)
Date Owner(s) or Responsible Representative(s)
Approval of these plans and specifications by this Health Department does not indicate

Approval of these plans and specifications by this Health Department <u>does not</u> indicate compliance with any other code, law or regulations that may be required--federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

A preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

REVIEWER'S CHECK LIST

Insuff.

	Sat.	Unsat.	NIA	Inform.
1. Finish Schedule	()	()	()	()
Kitchen	()	()	()	()
Ware washing	()	()	()	()
Food Storage	()	()	()	()
Other Storage	()	()	()	()
Bathrooms	()	()	()	()
Dressing Rms	()	()	()	()
2. Insect and Rodent Harborage	()	()	()	()
3. Garbage and Refuse	()	()	()	()
4. Plumbing	()	()	()	()
5. Water Supply	()	()	()	()
6. Sewage Disposal	()	()	()	()
7. Dressing Rooms	()	()	()	()
8. Separate Storage of Toxics	()	()	()	()
9. Laundry Facilities	()	()	()	()
10. Linen Storage	()	()	()	()
11. Exhaust Hoods	()	()	()	()
12. Sinks	()	()	()	()
13. Dishwashing	()	()	()	()
14. Lighting	()	()	()	()
15. Ventilation	()	()	()	()
16. Grease Traps	()	()	()	()
17. Employee Restrooms	()	()	()	()
Location	()	()	()	()
Number	·			
Soap	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()
Water Closets	()	()	()	()
Urinals	()	()	()	()
Waste Receptacles	()	()	()	()

	S	Sat.	Un	ısat.	1	VIA		uff. orm.
18. Patrons Restrooms								
Location	()	()	()	()
Number								
Soap	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()))
Water Closets	()	()	()	()
Urinals	()	()	()	()
Waste Receptacles	()	()	()	()
19. Kitchen Equipment a. Space between units or wall closed or adequate space for easy cleaning.								
b. Aisles sufficient width								
c. Storage 6" off floor								
d. Countertops and cutting boards of suitable material								
e. Self serve food area adequately protected								
f. Built-in external temperature gauges or provision for separate internal thermometers noted for each piece of refrigerated equipment.								
g. Utensil and Kitchen Storage Clean Soiled								
h. Counter mounted equipment								
1. Floor mounted equipment								
J. Vacuum Packaging Equipment								
k. Bulk Food								

I. Self Service

Copies of the federal 1999 Food Code are available on-line:

Federal 1999 Food Code in HTML or PDF versions (1Mb; 1.2Mb uncompressed) and Word Perfect 6/7/8 version compressed in self-extracting zip format (523Kb; 2Mb uncompressed) are available on-line and can be downloaded from the following FDA website: http://vm.cfsan.fda.gov/~dms/foodcode.html#get99

Copies of the federal 1999 Food Code may also be ordered from:

The State Book Store, Room 116, Massachusetts State House, Boston, Massachusetts, 617-727-2834, the Western Office of the Secretary of the Commonwealth, 436 Dwight Street, Springfield, MA, 413-784-1376, or the Southeast District of the Secretary of the Commonwealth at 218 South Main Street, Suite 206, Fall River, MA, 508-646-1374. Additional information on purchasing the 1999 Food Code and Massachusetts State Regulations is available online at the Secretary of the Commonwealth's Homepage: www.state.ma.us/sec.

National Technical Information Service (NTIS). For ordering options, call NTIS at 1-800-553-6847 or 703-605-6000.

To order directly on-line, go to the NTIS website at http://www.ntis.gov/yellowbk/1nty831.htm.

Or write to:

National Technical Information 5285 Port Royal Road, Springfield, VA 22161.

Spiral bound order number: PB99-115925.

Electronic Edition on CD-ROM (also includes the Adobe Reader, Draft HACCP Guide, and

Plan Review Manual) order number: PB99-500506; Electronic

ber: PB99-501033;

WordPerfect on Diskette order number: PB99-501025.